Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08) Approved for use through 11/30/2011. OMB 0651-0035

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Application Number	10/849,888	
Filing Date	May 21, 2004	
First Named Inventor	Tamara Timms	
Art Unit		
Examiner Name		
Attorney Docket Number	24558.01	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Patent No. Issue Date	6,932,374 August 23, 2005			
Please withdraw me as attorney or agent for the ab	ove identified patent application,	, and			
✓ all the practitioners of record;					
the practitioners (with registration numbers)	of record listed on the attached	paper(s); or			
the practitioners of record associated with 0	Customer Number:				
NOTE: The immediately preceding box should only Customer Number.	be marked when the practitions	ers were appointed using the listed			
The reason(s) for this request are those describe	d in 37 CFR :				
10.40(b)(1) 10.40(b)(2)	10.40(b)(3)	10.40(b)(4)			
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(i	ii) 10.40(c)(1)(iv)			
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2)	10.40(c)(3)			
10.40(c)(4) 10.40(c)(5)	10.40(c)(6) F	Please explain below:			
First named inventor and/or her coinventor recently paid the Patent Office directly the first maintenance fee due as to heir above patent, thus indicating that they no longer feel the need for the services of this attorney.					
Certifications					
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.					
I/We have given reasonable notice to practitioner(s) intend to withdraw from employer	the client, prior to the expira	tion of the response period, that the			
2.					
3.					
Please provide an explanation, if necessary:					

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Change the	Change the correspondence address and direct all future correspondence to:							
	A. The address of the inventor or assignee associated with Customer Number:							
OR								
I -/	entor or signee name	Mr. & Mrs. [Oon Timms					
Address	24 South Str	eet				,		
City Mobi	City Mobile State AL Zip 36606 Country U.S.							
Telephone	Telephone 251-476-4599 Email							
I am autho	orized to sign	on behalf of	myself and all withd	rawing prac	titioners.			
Signature Ashard Clust								
Name	Richard C. I	Litman			Registration	No. 30,868		
Address Litman Law Offices, 3717 Columbia Pike								
City Arlin	gton	State	VA	Zip 2220)4	Country U.S.		
Date May 8, 2009 Telephone No. 703-486-1000								
NOTE: Withdrawal is effective when approved rather than when received.								

[Page 2 of 2]

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Doc Code: PET.POA.WDRW Recument Description: Petition to withdraw attorney or a Under the Paperwork Reduction Act of 1995, no persons an	
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Application Number	10/849,888		
Filing Date	May 21, 2004		
First Named Inventor	Tamara Timms		
Art Unit			
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Attorney Docket Number	24558.01		

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Patent No. Issue Date	6,932,374 August 23,	2005			
Please withdraw me as attorney or agent for the above	e identified patent application,	and				
all the practitioners of record;						
the practitioners (with registration numbers) of	of record listed on the attached	paper(s); or	Īŝ			
the practitioners of record associated with Cu	ıstomer Number:		_			
NOTE: The immediately preceding box should only be Customer Number.	oe marked when the practitione	ers were appointed ι	ising the listed			
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. 10.40(c)(4) 10.40(c)(5)	10.40(c)(6) F	Please explain below:				
	First named inventor and/or her coinventor recently paid the Patent Office directly the first maintenance fee due as to their above patent, thus indicating that they no longer feel the need for the services of this attorney.					
Certifications						
Check each box below that is factually corre be approved.	ect. WARNING: If a box is le	ft unchecked, the r	equest will likely not			
I/We have given reasonable notice to practitioner(s) intend to withdraw from employn		ation of the respon	se period, that the			
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.						
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.						
Please provide an explanation, if necessary:						

[Page 1 of 2]

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Change th	e correspondence ad	ddress and direct all future cor	respondence t	o :		
A. Th	e address of the inve	entor or assignee associated v	vith Customer i	Number:		
OR						
- I./ I	ventor or ssignee name Mr.	& Mrs. Don Timms		· · · · · · · · · · · · · · · · · · ·		
Address	24 South Street				4	2
City Mob	City Mobile State AL Zip 36606 Country U.S.					
Telephone	Telephone 251-476-4599 Email					
I am auth	norized to sign on b	ehalf of myself and all with	drawing prac	titioners.		
Signature	Johns	Clux				
Name	Richard C. Litma	an		Registration N	o. 30,868	
Address	Litman Law Office	es, 3717 Columbia Pike				6
City Arli	ngton	State VA	Zip 2220	04 . C	ountry U.S.	
Date	Date May 8, 2009 Telephone No. 703-486-1000					
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Attorney Docket Number	24558.01		

To: Commissioner for Patents	Patent No.	6,932,374			
P.O. Box 1450 Alexandria, VA 22313-1450	Issue Date	August 23, 2005			
Please withdraw me as attorney or agent for the above	ve identified patent application,	and			
all the practitioners of record;					
the practitioners (with registration numbers)	of record listed on the attached	paper(s); or			
the practitioners of record associated with Co	ustomer Number:				
NOTE: The immediately preceding box should only Customer Number.	be marked when the practition	ers were appointed using the listed			
The reason(s) for this request are those described	l in 37 CFR :				
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10.40(c)(4) 10.40(c)(5)	10.40(c)(6)	Please explain below:			
	L <u>V</u>				
First named inventor and/or her coinventor re as to heir above patent, thus indicating that t					
	,g				
	Certifications				
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not					
be approved.					
1. / I/We have given reasonable notice to	the client, prior to the expira	ation of the response period, that the			
practitioner(s) intend to withdraw from employn					
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.					
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 I/We have notified the client of any reclient must respond. 	esponses that may be due a	nd the time frame within which the			
Please provide an explanation, if necessary:					

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	- 1	entor or assignee associated w	•			, , ,
B. Inventor of Assignee		& Mrs. Don Timms				
Address 24 S	outh Street				:	
City Mobile		State AL	Zip 3660)6		Country U.S.
Telephone 25	51-476-4599		Email			
I am authorized	to sign on b	ehalf of myself and all with	drawing prac	ctitioners.		
Signature	Signature Ashend Clust					
Name Rich	Name Registration No. 30,868					
Address Litma	Address Litman Law Offices, 3717 Columbia Pike					
City Arlington		State VA	Zip 222	04	Count	ry U.S.
Date May	8, 2009		Telepho	ne No. 703-4	186-100	00

NOTE: Withdrawal is effective when approved rather than when received.

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